Client Demonstration Project (CDP) Export Format: Provider Record (Fields 1-109)

Field Number	Field Description	Field Name	Field Type A= Alphanumeric N= Numeric D=Date	Max. Field Length	Coding
1.	Provider Agency Name	Prvname1	A	60	
2.	Provider Address	Prvaddr1	A	60	
3.	Provider City	Prvcity	A	25	
4.	State	State	A	2	
5.	Zip Code	Zip	A	5	
6.	Provider ID #	Prvid	A	4	
7.	Taxpayer ID #	Taxid	A	9	
8.	Provider Contact Name	Contname	A	30	
9.	Provider Contact Title	Conttitl	A	30	
10.	Provider Phone	Phone	A	11	
11.	Provider Fax	Fax	A	11	
12.	Provider Email Address	Email	A	35	
13.	Name of Person Completing Form	ComformN	A	30	
14.	Phone of Person Completing Form	ComformP	A	11	
15.	E-mail of Person Completing Form	ComformE	A	35	
16.	Reporting Period Start Date	Prystart	D	10	(mm/dd/yyyy)
17.	Reporting Period End Date	Pryend	D	10	(mm/dd/yyyy)
18.	Reporting Scope	Scope	N	1	1=All clients receiving a service eligible for Title I, II, III, or IV funding 2=Only clients receiving a Title I, II, III, or IV funded service

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19.	Provider Type	Prvtype	N	2	01=Hospital or hospital-base clinic 02=Publicly funded comm health ctr. 03=Publicly funded comm. Mental health 04=Other community-based service org. 05= Health Dept. 06=Substance Abuse treat. Ctr. 07= Solo/group private medical practice 08= Agency report for multiple fee for service provider 09=PLWHA coalition 10= VA facility 11=Other facility
20.	Funding Under Section 330	Sect330	N	1	'0'=No; '1'=Yes '2'=Don't know
21.	Ownership Status	Owner	N	1	'1'=Public/local '2'=Public/State '3'=Public/Federal '4'= Private non-profit '5'=Private, for-profit 6='Unincorporated' '7'=Faith-based organization '8'=Other/unknown
22.	Received Title 1 Funds	Title1	N	1	'0'=No; '1'=Yes
23.	Received Title 2 Funds	Title2	N	1	'0'=No; '1'=Yes
24.	Received Title 3 Funds	Title3	N	1	'0'=No; '1'=Yes
25.	Received Title 4 Funds	Title4	N	1	'0'=No; '1'=Yes
26.	Received Title 4 Adolesc. Funds	Title4Ad	N	1	'0'=No; '1'=Yes
27.	Amount of Title I Funding	Ftitle1	N	7	
28.	Amount of Title II Funding	Ftitle2	N	7	
29.	Amount of Title III Funding	Ftitle3	N	7	

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30.	Amount of Title IV Funding	Ftitle4	N	7	
31.	Amount of All Oral Health Funding	FOralHth	N	7	
32.	Support to Grantee: Planning/ Evaluation	Planning	N	1	'0'=No; '1'=Yes
33.	Support to Grantee: Administrative or Technical Support	Admin	N	1	'0'=No; '1'=Yes
34.	Support to Grantee: Fiscal Intermediary Services	Fiscal	N	1	'0'=No; '1'=Yes
35.	Support to Grantee: Technical Assistance	TechAss	N	1	'0'=No; '1'=Yes
36.	Support to Grantee: Capacity Development	Capacity	N	1	'0'=No; '1'=Yes
37.	Support to Grantee: Quality Management	Quality	N	1	'0'=No; '1'=Yes
38.	Administer an ADAP Program	ADAP	N	1	'0'=No; '1'=Yes
39.	Type of ADAP Program	ADAPtype	N	1	'1'=State ADAP '2'=Local APA
40.	Administer a HIP Program	HIP	N	1	'0'=No; '1'=Yes
41.	Targeted Population: All Adolescents	TPYouth	N	1	'0'=No; '1'=Yes
42.	Targeted Population: Children	TPChild	N	1	'0'=No; '1'=Yes
43.	Targeted Population: Gay, Lesbian, and Bisexual Adults	TPGadult	N	1	'0'=No; '1'=Yes
44.	Targeted Population: Gay, Lesbian, and Bisexual, Questioning Youth	TPGyouth	N	1	'0'=No; '1'=Yes
45.	Targeted Population: Homeless	TPHmless	N	1	'0'=No; '1'=Yes
46.	Targeted Population: Incarerated Persons	TPJail	N	1	'0'=No; '1'=Yes
47.	Targeted Population: Injection Drug Users	TPIDU	N	1	'0'=No; '1'=Yes
48.	Targeted Population: Migrant or Seasonal Farm Workers	TPFarm	N	1	'0'=No; '1'=Yes

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49.	Targeted Population: Non-Injection Drug Use	TPNonIDU	N	1	'0'=No; '1'=Yes
50.	Targeted Population: Parolees	TPParol	N	1	'0'=No; '1'=Yes
51.	Targeted Population: Race/Ethnic Minorities/ Communities of Color	TPCOC	N	1	'0'=No; '1'=Yes
52.	Targeted Population: Runaway or Street Youth	TPRun	N	1	'0'=No; '1'=Yes
53.	Targeted Population: Rural Population other than Migrant	TPRural	N	1	'0'=No; '1'=Yes
54.	Targeted Population: Women	TPWomen	N	1	'0'=No; '1'=Yes
55.	Targeted Population: Other	TPOther	N	1	'0'=No; '1'=Yes
56.	Other: Specify	TPOtherS	A	30	
57.	Race/ethnic >50% board	RaceBrd	N	1	'0'=No; '1'=Yes
58.	Race/ethnic >50% prof. staff	Racestf	N	1	'0'=No; '1'=Yes
59.	Race/ethnic>50% solo/group practice	Racesolo	N	1	'0'=No; '1'=Yes
60.	Traditional provider	Tradprv	N	1	'0'=No; '1'=Yes
61.	Other type of agency	Othprv	N	1	'0'=No; '1'=Yes
62.	Total Paid Staff FTEs	Paidstaf	N	2	
63.	Total Volunteer Staff	Volstaff	N	2	
64.	Was HIV Counseling &Testing Provided?	CT	N	1	'0'=No; '1'=Yes
65.	Did you provide HIV testing to Infants	CTInfant	N	1	'0'=No; '1'=Yes
66.	Number of Infants Tested	CTINum	N	5	
67.	Number of Infants HIV Positive	CTIHIV	N	5	
68.	Were CARE Act Funds Used for C&T?	CTRW	N	1	'0'=No; '1'=Yes
69.	How Many Received Anonymous Pre-test Counseling?	CTPreAn	N	5	

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70.	How Many Received Confidential Pre-test Counseling?	CTPreCon	N	5	
71.	How Many Received Anonymous Testing?	CTestAn	N	5	
72.	How Many Received Confidential Testing?	CTestCon	N	5	
73.	How Many Anonymous Tests were Positive?	CTPosAn	N	5	
74.	How Many Confidential Tests were Positive?	CTPosCon	N	5	
75.	How Many Received Anonymous Post-test Counseling?	CTPostAn	N	5	
76.	How Many Received Confidential Post-test Counseling?	CTPostCn	N	5	
77.	How Many Anonymous Positive Tests did not return for Post-Test Counseling?	CTNoptAn	N	5	
78.	How Many Confidential Positive Tests did not return for Post-Test Counseling?	CTNoptCn	N	5	
79.	How many anonymous HIV+ became new patients at your clinic	CTNewAP	N	5	
80.	How many confidential HIV+ became new patients at your clinic	CTNewCP	N	5	
81.	Was Partner Notification Offered?	CTPN	N	1	'0'=No; '1'=Yes
82.	How many partners of anonymous clients were notified?	CTpnum	N	5	
83.	Total Cost of All Primary Care	T3PCcost	N	7	
84.	Total Cost of Other Programs	T3OPcost	N	7	
85.	Title III Primary Care Grant funds expended	T3PCgnt	N	7	
86.	Title III Other Programs Grant funds expended	T3OPgnt	N	7	

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87.	Title III Pharmaceuticals Grant funds expended	T3PHgnt	N	7	
88.	Patient Collections Primary Care	T3PCcoll	N	7	
89.	Patient Collections Other Program	T3OPcoll	N	7	
90.	Third Party Payer Primary Care Reimbursements Rcvd	T3PCReim	N	7	
91.	Third Party Payer Other Program	T3OPReim	N	7	
92.	All Other Sources Primary Care Income	T3PCInc	N	7	
93.	All Other Sources Other Program Income	T3OPInc	N	7	
94.	EIS Services Provided at More than 1 Site?	T3sites	N	1	'0'=No; '1'=Yes
95.	# of Sites Services Provided	T3Siteno	N	2	
96.	Ambulatory/Outpatient Medical Care	T3PCMed	N	1	'0'=No; '1'=Yes
97.	Dermatology	T3Derm	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
98.	Dispensing of Pharmaceuticals	T3Pharm	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
99.	Gastroenterology	T3Gastro	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
100.	Mental Health Services	T3MH	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
101.	Neurology	T3Neuro	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral

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102.	Nutritional Counseling	T3Nutr	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
103.	Obstetrics/Gynecology	T3OBGyn	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
104.	Optometry/Ophthalmology	T3Optom	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
105.	Oral Health Care	T3Oral	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
106.	Rehabilitation Services	T3Rehab	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
107.	Substance Abuse Services	T3Subab	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
108.	Other Services	T3Other	N	1	'0'=No '1'=Yes, within EIS Program '2'=Yes, through referral
109.	Number of HIV+ Patients Referred Outside EIS for any Service	T3RTotal	N	5	